

Annual Report 2009



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## Introduction

The Wyoming Office of Rural Health (ORH) oversees five federal grant programs and five state funded programs. The ORH is staffed by one full-time employee, one part-time employee, and one employee under contract. The Wyoming Department of Health, through the Governor's approval, created the Rural and Frontier Health Division in April 2008 to respond to existing rural healthcare issues and build a frontier and rural healthcare system for Wyoming's future.

The ORH is one of four offices that comprise the Rural and Frontier Health Division. The others are Vital Statistics Services, Office of Multicultural Health, and Community Services Programs.

## Mission

*The Wyoming Office of Rural Health seeks to enhance access to healthcare services, support the development of an adequate healthcare workforce, and promote collaboration in expanding comprehensive, community-based healthcare in rural Wyoming.*

## This is Rural Wyoming

Wyoming is the ninth largest state in land mass (97,914 square miles), but has the smallest population (532,668).<sup>1</sup> In the U.S. this translates into an average of 5.1 persons per square mile in Wyoming as compared to 79.6 in the U.S.<sup>2</sup> Of its 23 counties, 17 are considered "frontier", four are considered "rural", and two are "urban".<sup>3</sup> Frontier counties are currently defined as having less than six persons per square mile and urban is defined as a county that has at least one city with at least 50,000 citizens. There is no



universally accepted definition of "rural". Even at the federal level, the definition depends on what federal entity is running the program and whom the federal program is seeking to include or exclude. Wyoming is bordered by six states (Montana, Utah, Colorado, South Dakota, Nebraska, and Idaho). Its geography can be characterized by the Great Plains in the east, the Rocky Mountains in the west, and Intermontane Basins (the area between

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<sup>1</sup> [www.wyoming.gov/about.aspx](http://www.wyoming.gov/about.aspx), retrieved August 2009

<sup>2</sup> U.S. Census Bureau, [www.census.gov](http://www.census.gov) retrieved online July 19, 2009.

<sup>3</sup> Frontier is defined as having less than six persons per square mile and urban is defined as a county with a population of 50,000 or greater.





mountain ranges). As a result of Wyoming's vast expanses of land and sparse population centers, healthcare access issues in Wyoming must be closely and seriously addressed.

Wyoming's total minority population reached 70,150 in July 2008, according to estimates just released by the U.S. Census Bureau. The growth of minorities since 2000 was 16,520 persons, or 30.8

percent, compared with a 7.9 percent overall increase for the state's total population. Hispanic was the largest minority group, and it increased 30 percent during the eight-year span. The Kaiser Family Foundation provides the following data for Wyoming's population distribution by race/ethnicity (WY 2007-2008; U.S. 2008): White 88%, U.S. 65%; Black NSD (not sufficient data), U.S. 12%; Hispanic 8%, U.S. 16%; Other 3%, U.S. 7%. However, the U.S. Census Bureau indicates the following for 2008: White 93.9%, U.S. 79.8%; Black 1.3%, U.S. 12.8%; American Indian and Alaska Native 2.5%, U.S. 1%; Asian 0.7%, U.S. 4.5%; and Native, Hispanic or Latino origin 7.7%, U.S. 15.4%.

The number of births in the state has increased 33.0 percent since 2001. The number of births in 2008, over 8,015, was the highest since 1986 and an increase of 192 from 2007. Forty-two percent of the births were covered by Medicaid.

The proportion of the state's elderly population (65 and over) was 12.3 percent in 2008, still lower than the U.S. level of 12.8 percent, but it grew faster than the national rate. Wyoming's 65 and older population increased from 57,693 in 2000 to 65,614 in 2008, or 13.7 percent. It is projected to reach 103,500 or about 18 percent of the total state residents by 2020.

### **Population Health Profile**

The leading causes of death in Wyoming are heart diseases, cancers, and stroke. Wyoming ranks 30<sup>th</sup> in the U.S. for deaths by heart disease, 44<sup>th</sup> for cancer and 34<sup>th</sup> for stroke. In 2005, 22% of all deaths in Wyoming were due to cancer. According to the Centers for Disease Control and Prevention (CDC), in 2006, 31% of women in Wyoming aged 40 years or older reported not having a mammogram within the last two years; and among adults in Wyoming aged 50 years or older, 47% reported never having had a sigmoidoscopy or colonoscopy. The American Cancer Society estimates that 2,340 new cases of cancer were diagnosed in Wyoming in 2007, including 260 new cases of colorectal cancer and 310 new cases of breast cancer in women.

In 2007, according to the CDC, 62% of adults in Wyoming were overweight or obese and 11% of high school students were overweight, based on self-reported height and weight. Forty-seven percent of Wyoming high school students did not attend PE classes; 43% of adults in Wyoming were not engaged in sufficient, moderate, or vigorous physical activity.



In 2007, according to the CDC, 19% of adults aged 18-64 in Wyoming reported having no healthcare coverage.

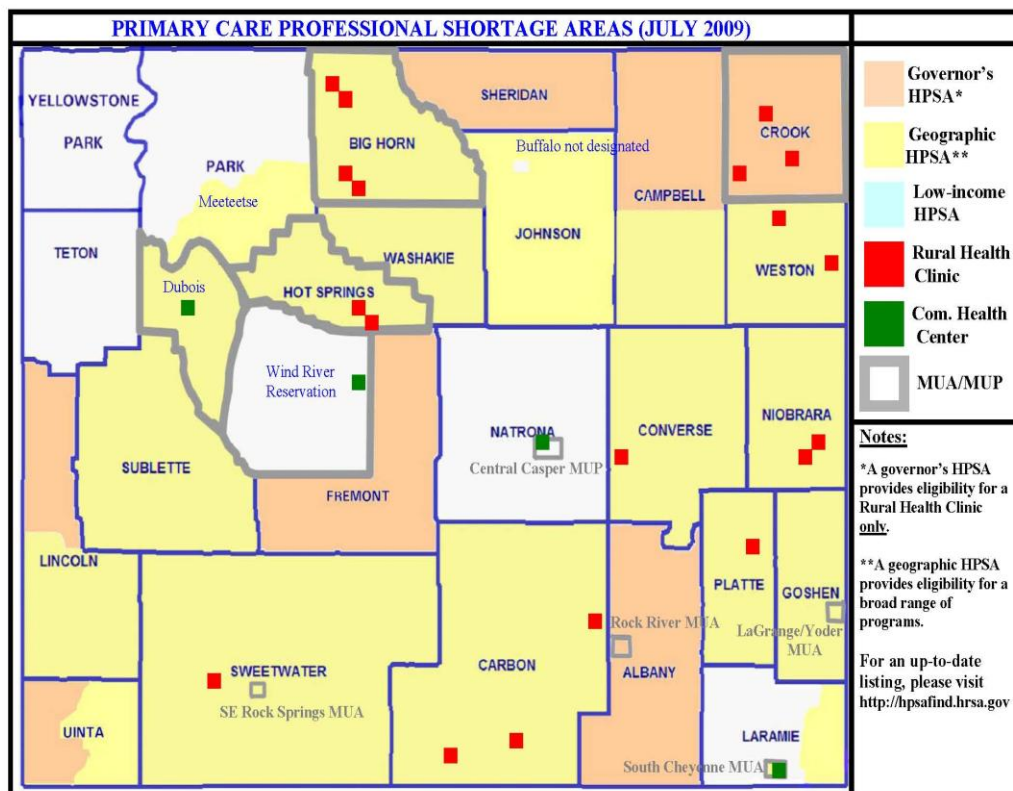
### **Workforce Indicators**

The ORH has a great need for data on healthcare providers: numbers, distribution, and service areas. From 2007 to 2008, data was available from a report issued by the Wyoming Healthcare Commission. The Commission, which was created by legislation, was disbanded in 2009. The ORH is using Primary Care Office American Recovery and Reinvestment Act of 2009 funds to conduct a count of primary care providers (physicians, nurse practitioners, and physician assistants), dentists, and mental health providers by census tract. This data is used in determining areas of greatest need and providers of greatest need in making awards under the Wyoming Healthcare Professional Loan Repayment Program and the Physician Recruitment Grant Program. This data will also be used to determine sub-county Health Professional Shortage Area (HPSA) Medically Underserved Areas (MUA) Medically Underserved Populations (MUP) applications to better serve Wyoming's underserved communities by qualifying them for Community Health Centers (CHCs), National Health Service Corps (NHSC) Loan Repayment and Scholar programs, and other federal and state programs.

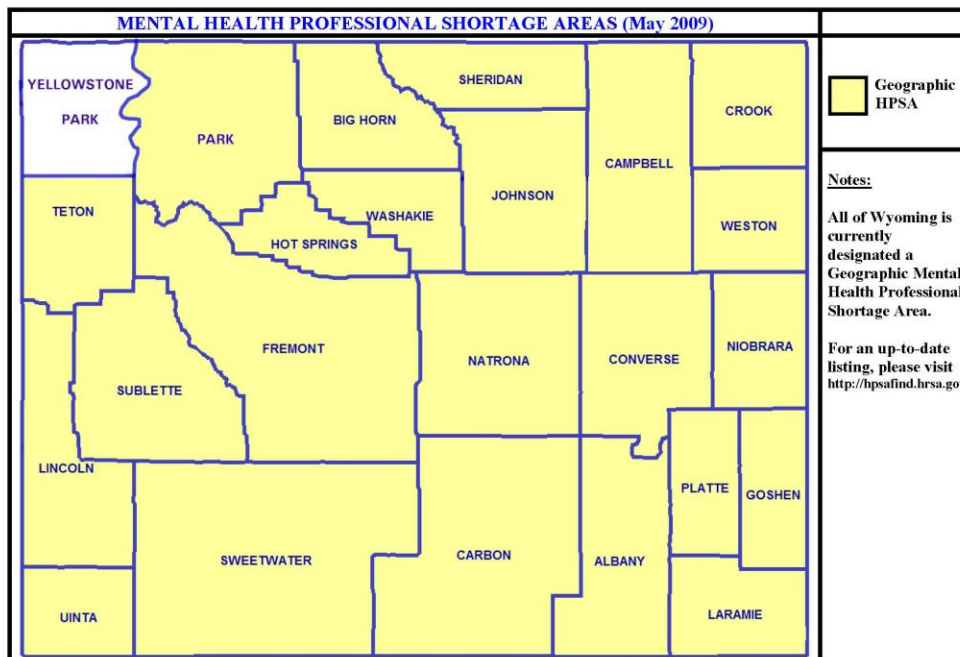
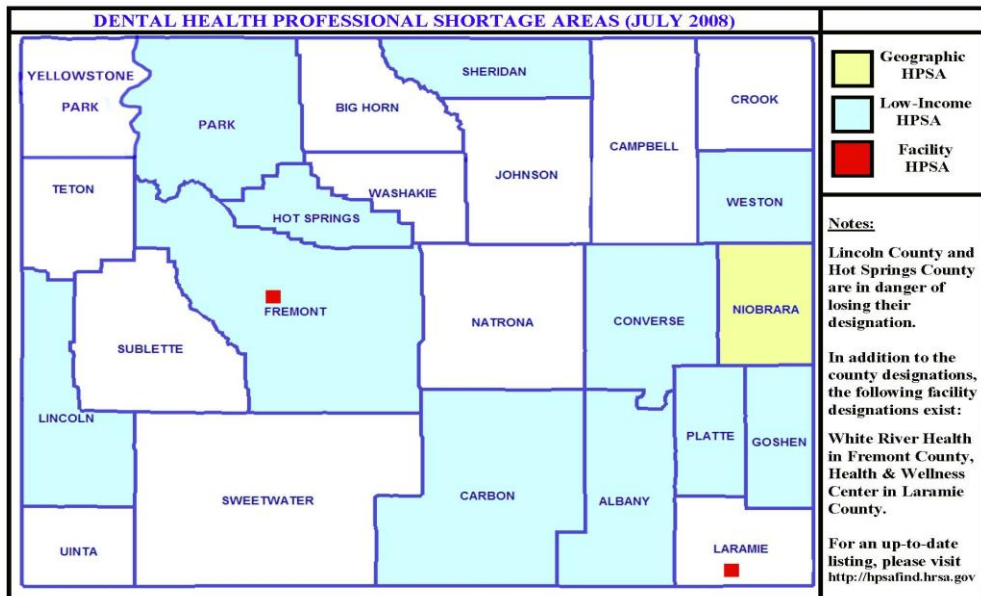
### **Health Professional Shortage Areas**

The following three maps show Wyoming's primary care, dental, and mental health HPSAs. The primary care map also reflects the Governor's HPSA locations, MUAs/MUPs, and

locations of Rural Health Clinics and Community Health Centers. The entire state is considered a mental health shortage area.









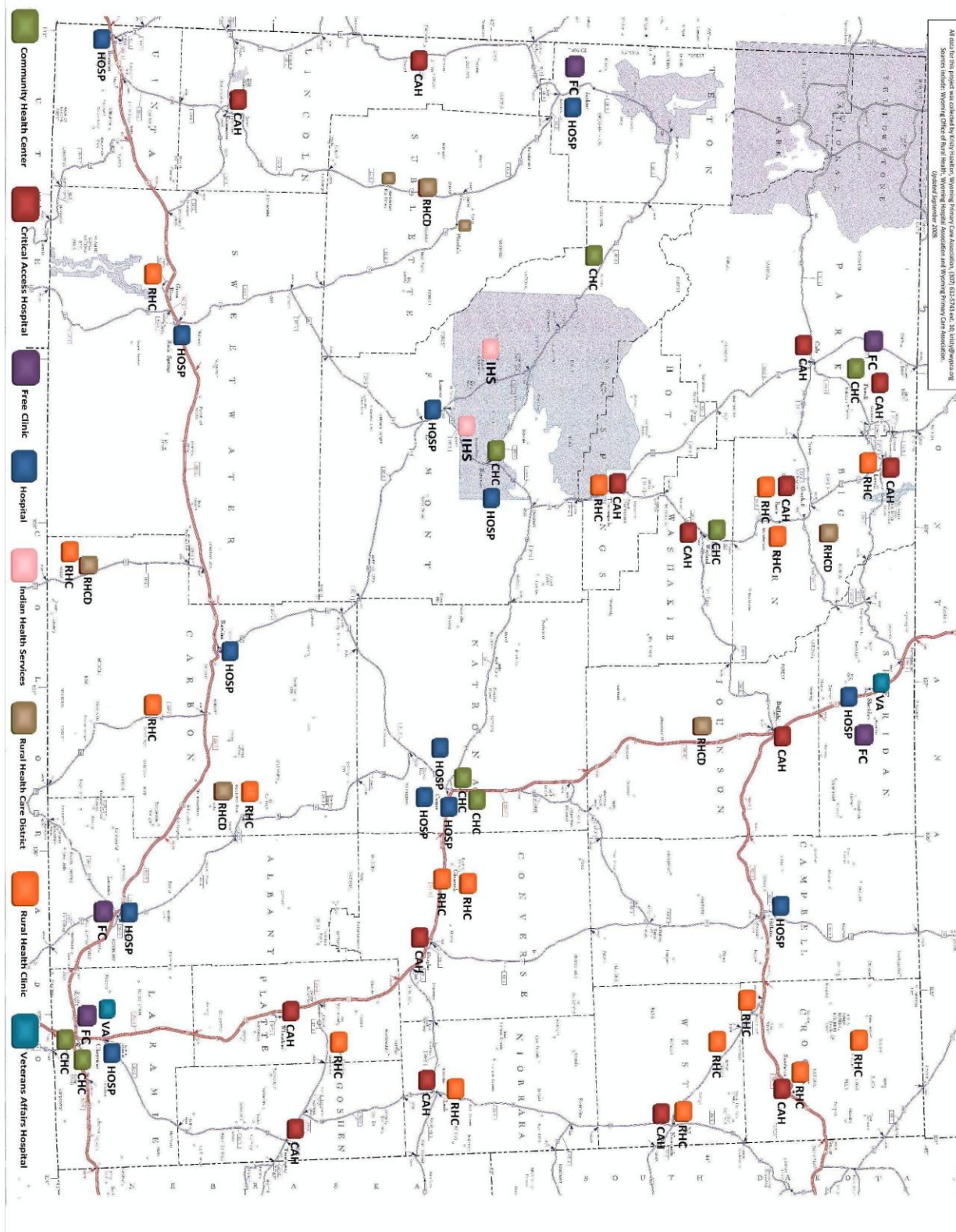


### Ambulatory Care

Wyoming has eight Federally Qualified Health Centers (FQHCs): Community Health Centers (CHCs) in Cheyenne, Casper, Riverton, and a satellite in Dubois; two Healthcare for the Homeless Programs in Cheyenne and Casper; and one Migrant Health Center in Powell with a satellite in Worland.

The state has 16 Rural Health Clinics (RHCs), of which eight are independent and eight are hospital based. The ORH is working with several communities that are interested in pursuing RHC status due to their eligibility through the Governor's HPSA Designation. The following map shows RHCs, FQHCs, CAHs, Rural Health Districts, free clinics, hospitals, Indian Health Services, and Veteran's Administration facilities.







## Public Health

Public Health Nursing (PHN) is a partnership between Wyoming state and county governments with 250 state and county employees in direct daily contact with the populations they serve. With 30 offices throughout Wyoming, PHN is the operational arm of many of the programs within the Wyoming Department of Health.

Public Health Nursing primarily serves seniors, the disabled, high risk families, and high risk children. Because PHN also focuses on population-based services, the general public benefits as well. The primary services and programs are:



1. Maternal and Family Health, which is the local entry point for: Children with Special Needs, Dental Health Services, Best Beginnings, and Infant Home Visiting programs. It also includes childbirth education, Family Planning clinics, Child Protection Services (CPS), and case management of critically ill children.
2. Communicable disease services, including adult and child immunizations; TB case finding and follow-up; STD follow-up and treatment; HIV/AIDS counseling and testing; and infectious disease outbreak control.
3. Adult health assessments, teaching and education, direct nursing care, personal care assistance to those with chronic disease and pre-admission reviews to nursing homes.
4. Population-based services, such as youth health initiatives, Child Protection and Adult Protection teams, Community Health Planning, childhood safety, and coordination of health services within the community.
5. Public Health Response program, which works closely with the Office of Homeland Security and the Office of Public Health Preparedness to assure timely and appropriate response for a variety of public health emergency events.

## Home Health

Wyoming has 44 home health agencies.

## Long-Term Care

Wyoming has 21 Assisted Living Facilities (ALFs) and 38 Skilled Nursing Facilities (SNFs).

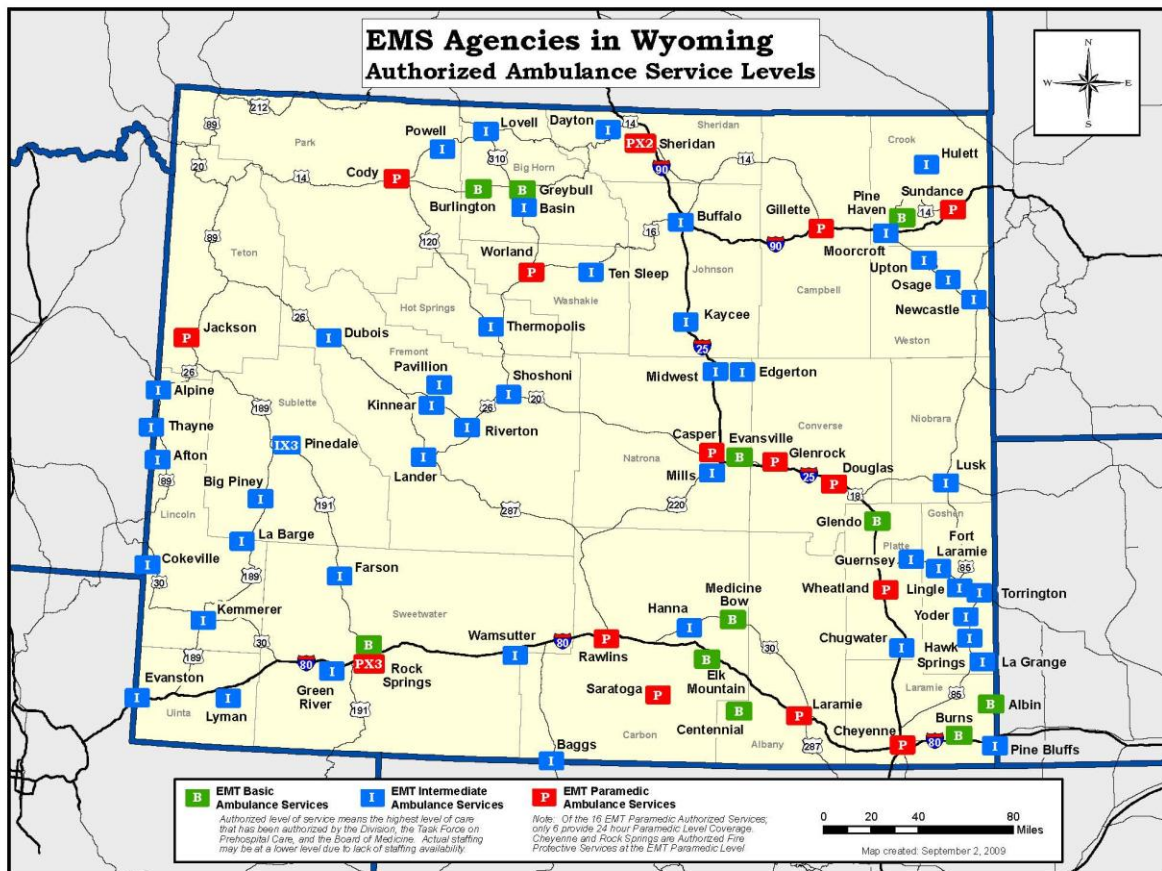


### Emergency Medical Services

The mission of the Office of Emergency Medical Services (OEMS) is to promote, protect, and enhance the health of all Wyoming residents. It is located within the Wyoming Department of Health and provides oversight to a variety of programs.

The OEMS is responsible for enhancing the statewide Emergency Medical Services system. The OEMS is designed to reduce the number of deaths in the pre-hospital phase and the severity of critical injuries and illnesses during a medical emergency where time and care make a difference. It is also charged with maintaining the statewide emergency medical services system; development, implementation and maintaining of the statewide trauma system; and assuring that Wyoming has a poison control center that will provide immediate and correct treatment and information on poisonings.

The largest service area for any one ambulance service is 1,426 square miles. Of the ambulance personnel, 80 percent are classified as "volunteer", with approximately 450 working as emergency medical technician (EMT)-Basic, 600 EMT-Intermediate, and 150 as paramedics. Approximately 80 percent of ambulance services are certified as Basic Life Support (BLS) services and 20 percent are certified as Advanced Life Support (ALS) services.



There are eight EMT-Basic training sites in the state: one four-tier university and seven community colleges. Statewide, the number of requests for EMS services has been increasing, as indicated, by approximately 35,000 EMS runs in 2000, 51,000 in 2005, and 57,000 in 2007.

Employment status for certified ambulance attendants:

- Number Paid Full-Time (284), or 24.5%
- Number Paid Part-Time (502), or 43.2%
- Number Volunteer (375), or 32.3%
- Over 75% of Wyoming's Ambulance Personnel are Volunteers

### Trauma System

The Wyoming Trauma System is a part of the Office of Emergency Medical Services. Wyoming Statute 35-1-801 authorized the Wyoming Department of Health to proceed on the

development of a statewide trauma system, the goal of which is to reduce the epidemic of injury, disability, and death in Wyoming for all ages. Trauma is the leading cause of death for those between the ages of 1-44. Since 1993 when the Wyoming legislature passed enabling legislation for the development of a statewide trauma system, the OEMS has taken the lead in trauma system development. Assisted by federal funding from the Health Resources and Services Administration (HRSA), a broad-based coalition of key players was established to assist the OEMS in developing the statewide plan. A trauma registry software program was selected and placed in every hospital in the state; the cost of the trauma system registry license is covered by the Medicare Rural Hospital Flexibility Grant Program (Flex).

### Health Information Technology

Wyoming's rural nature makes the state a prime candidate for Health Information Technology (HIT) applications, including telehealth/telemedicine and health information exchange. A number of pilot projects have been established. A regional telehealth network among seven hospitals in the southeastern corner of the state, a tele-stroke project linking Wyoming Medical Center in Casper with Converse County Memorial Hospital in Douglas, and a connection between the emergency department of Sheridan Memorial Hospital and psychiatrists located at Cheyenne Regional Medical Center compromise these pilot projects. Only recently, however, has there been movement towards statewide deployment of HIT. In 2009, the Wyoming Legislature passed a bill that established a consortium of state agencies, private health organizations, and professional and community organizations to create and operate a statewide interoperable telemedicine network and electronic healthcare information exchange. Using existing telecommunications and electronic health information infrastructures and services to the extent possible, the consortium has established electronic networking capabilities with all Wyoming hospitals.



Bandwidth continues to be problematic, although the Bureau of Prisons systems and the Veteran's Administration facilities do have telemedicine capabilities that are functioning through the use of private networks. This issue will be partially addressed through the



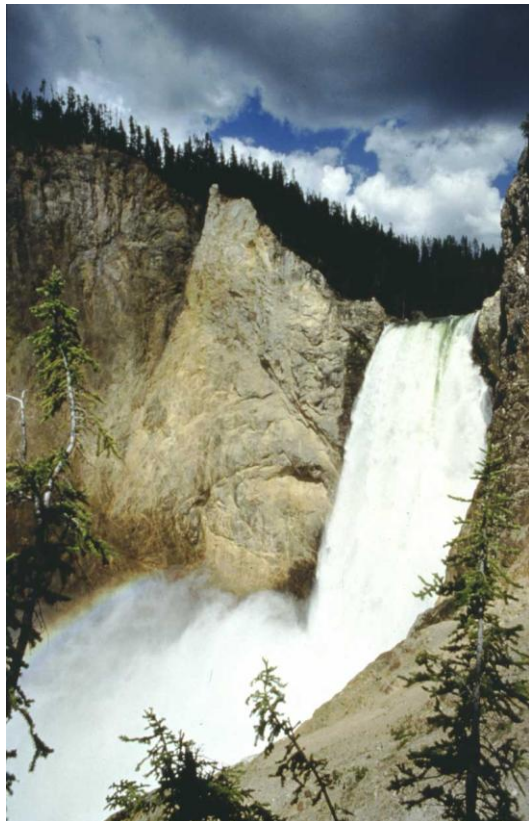
state's participation in the FCC Rural Health Care Pilot Project, which is being administered by the University of Wyoming's Center for Rural Health Research and Education. This program will provide dedicated telecommunications capacity to 42 sites across the state, including most of the smaller hospitals and several mental health and substance abuse centers.

## State Funded Programs

The Wyoming Office of Rural Health (ORH) managed five state-funded programs during 2009. In some capacity, all of these were aimed at improving access to care and assuring an adequate healthcare provider workforce.

### Wyoming Healthcare Professional Loan Repayment Program

The Wyoming Healthcare Professional Loan Repayment Program (WHPLRP) was enacted in 2005 to provide loan repayment grants to physicians, dentists, and allied healthcare professionals in exchange for their agreement to practice in the state for a minimum of three years in an area of greatest need for healthcare in Wyoming. The program reimburses

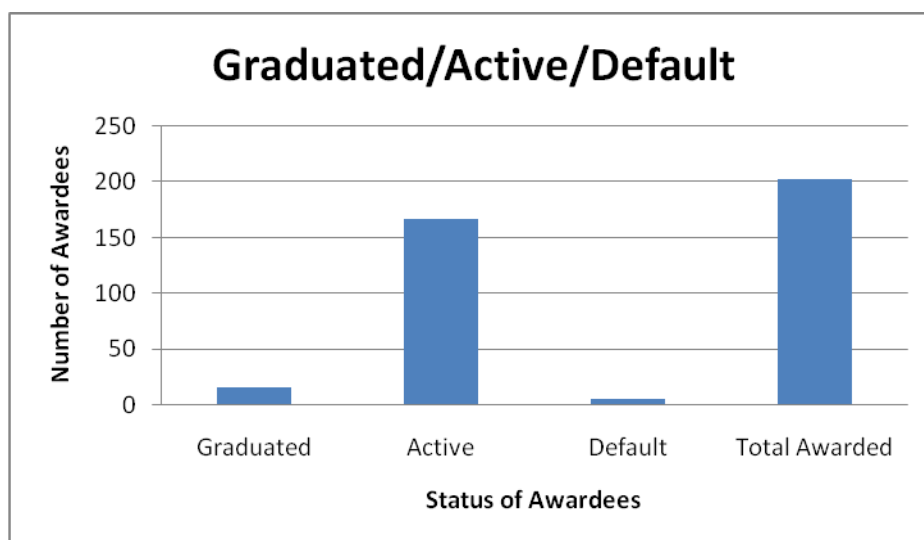


healthcare professionals in 50 professions; physicians and dentists up to \$90,000 and allied healthcare professionals up to \$30,000 over a three year period. Over 61% of awards were to individuals practicing in Wyoming less than three years. The overarching goal of this program is to assist communities to recruit and retain healthcare professionals. Wyoming Statutes 9-2-118 and 9-2-119 created the program.

The program was amended in 2008 to remove the community site match requirement for physicians and dentists and the program converted to an online application system. This system replaced a 15 page handwritten application with three essays. The on-line application fed a database that ranked applicants as the applications were submitted. This process reduced the award timeline from approximately five months to less than one month.

In 2008, the Wyoming Office of Rural Health awarded a total of \$2,000,000 to healthcare professionals across the state. Nine physicians, two dentists, and 23 allied healthcare professionals received awards for a total of 34 awards.

During the three year life of the program, there have been 764 applications and 204 awards. Thirteen awardees withdrew from the program prior to their first payment, leaving 191 participants.



Over 97% of the healthcare professionals are still in the program or have graduated. Six awardees defaulted on their contract and have already repaid, or are repaying the state.

ORH considers the entire state in need of healthcare professionals. Some areas of the state have much greater need for select healthcare professions than others. Areas having greater need are given priority in state funded programs. The chart below provides the number of awards and dollars spent by county and the healthcare professions awarded in the various counties.

### December 2009 Wyoming Healthcare Professional Loan Repayment Program Awards by County

Award criteria are based on areas and professions of greatest need established prior to each application period

County	Awards	Award totals	MDs	DDS	Mental Health	RN	PA	NP	APRN	Other *
Albany	13	\$ 667,799.00	2	1	5	2	0	2	0	1
Big Horn	5	\$ 210,000.00	2	0	1	0	1	0	0	1
Campbell	9	\$ 630,000.00	5	1	2	0	0	0	0	1
Carbon	8	\$ 163,636.00	0	0	2	4	0	0	0	2
Converse	6	\$ 280,537.00	3	0	0	1	2	0	0	0

County	Awards	Award Totals	MDs	DDS	Mental Health	RN	PA	NP	APRN	Other *
Crook	3	\$ 147,825.00	2	0	0	0	0	0	0	1
Fremont	13	\$ 372,307.00	2	1	3	0	0	1	1	5
Goshen	6	\$ 209,580.00	1	0	3	1	1	0	0	0
Hot Springs	5	\$ 192,295.00	2	0	0	0	0	0	1	2
Johnson	5	\$ 323,222.00	2	1	0	0	0	0	1	1
Laramie	11	\$ 604,542.00	4	1	4	0	0	2	0	0
Lincoln	6	\$ 187,182.00	1	0	0	2	0	0	0	3
Natrona	14	\$ 596,643.00	3	1	3	5	0	0	0	2
Niobrara	3	\$ 192,500.00	1	0	0	0	0	0	0	2
Park	24	\$ 914,965.00	6	0	4	8	3	0	0	3
Platte	3	\$ 89,181.00	0	0	0	0	0	1	0	2
Sheridan	8	\$ 306,340.00	4	0	1	0	1	1	0	1
Sublette	14	\$ 695,358.00	4	1	0	2	2	3	0	2
Sweet-water	23	\$ 1,095,488.00	6	2	3	3	5	1	1	2
Teton	0	\$ -	0	0	0	0	0	0	0	0
Uinta	10	\$ 424,797.00	2	3	2	0	2	0	0	1
Washakie	10	\$ 534,777.00	1	2	3	0	0	0	0	4
Weston	3	\$ 90,000.00	0	0	2	0	0	0	0	1
<b>Total</b>	<b>202</b>	<b>\$ 8,928,974.00</b>	<b>53</b>	<b>14</b>	<b>38</b>	<b>28</b>	<b>17</b>	<b>11</b>	<b>4</b>	<b>37</b>

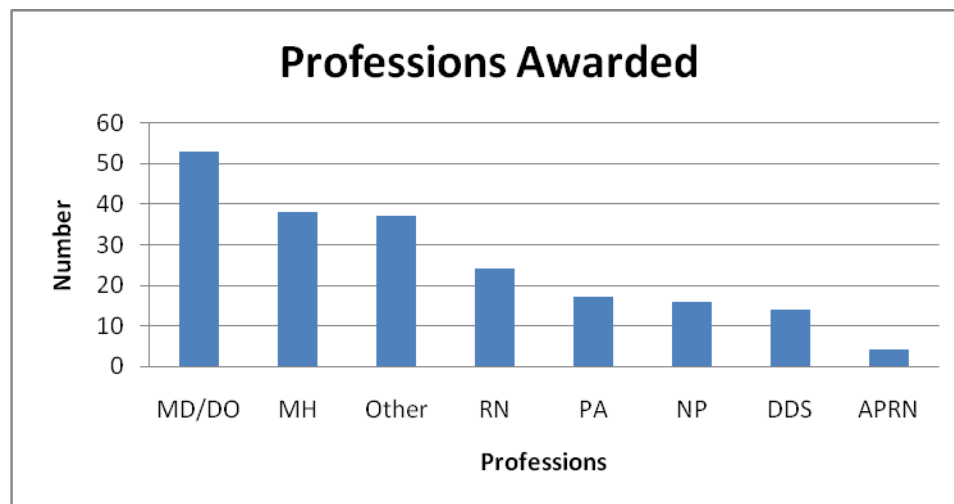
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\* Other includes over 25 different allied health professions

\*\*This total dollar figure includes community matching funds required prior to 2008

This chart reflects the life of program – first awards 2006; last awards 2008; no awards in 2009 due to lack of funding

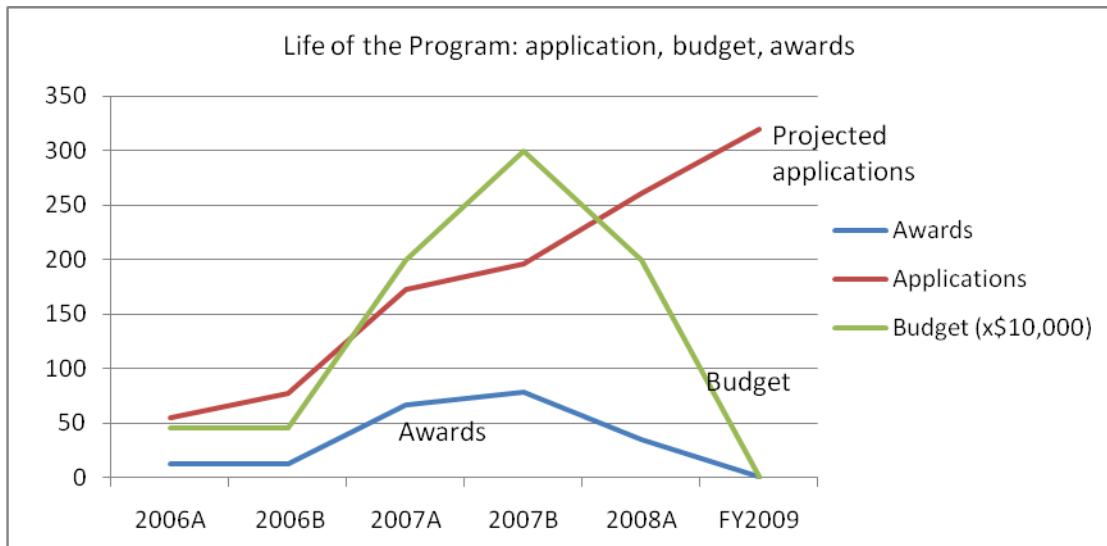
Awards have been distributed to mental health professionals (38), RNs (24), physicians (53), PAs (17), NPs (16), dentists (14), advanced practice registered nurses (4), and 38 other allied health professions; including speech language pathologists, physical therapists, occupational therapists, pharmacists, podiatrists, optometrists, and several other licensed professions. Every Wyoming county excluding Teton County, has healthcare professionals participating in this program.



Awards are made based upon areas of the state in greatest need for healthcare professionals, healthcare professions in greatest need, time practicing in Wyoming (less time is more advantageous), and graduation from a Wyoming college

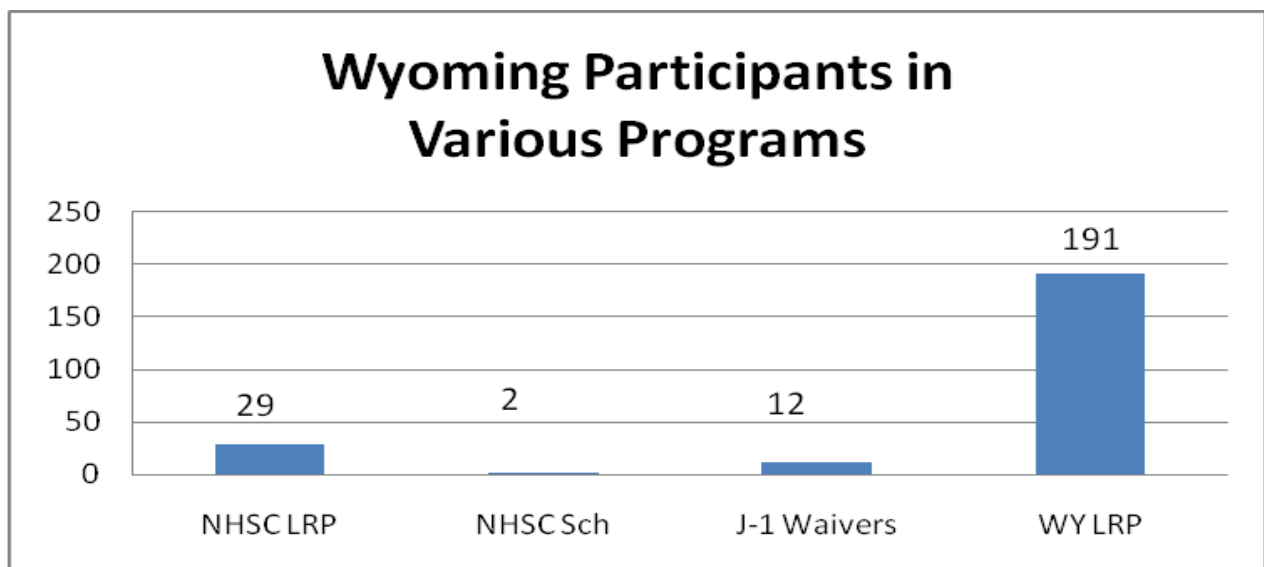
There was not an application period during 2009 due to budget limitations. The number of applications received has grown considerably during the life of the program, while funding available for awards has declined substantially. Funding for the 2011-2012 biennium is pending legislative action.





More information is available at: <http://www.health.wyo.gov/rfhd/rural/loan.html>

When compared to the three federal programs, National Health Service Corps (NHSC) Loan Repayment Program, NSHC Scholar Program, and the Conrad 30, J-1 Visa Waiver Program, the WHPLRP has had the greatest impact in recruiting and retaining healthcare professionals in Wyoming over the last three years.





### **Wyoming Physician Recruitment Grant Program**

The 2008 Legislature established the Wyoming Physician Recruitment Grant Program to enhance the ability of medically underserved Wyoming communities to recruit physicians and improve access to care for Wyoming's citizens. Hospitals, clinics, physicians, and other appropriate Wyoming agencies may apply for up to \$80,000 in state funds to assist in physician recruitment. The physicians must be recruited from outside the state. The Wyoming Healthcare Professional Loan Repayment Program may also be offered in conjunction with a recruitment package through the Physician Recruitment Grant Program.

The ORH identified the geographic areas of the state with the greatest need, the medical specialties in highest demand, and information from applications to determine the awards. Selected groups were allowed one year to recruit a physician to their community. The money may be

used for recruiting costs, a signing bonus, moving expenses, and malpractice insurance. Interest in the program was very high across the state. As 45 applications were received from 27 interested groups in 19 communities and 18 counties requested funding totaling \$2.9 million, selections were difficult to make. Although definite needs were identified in each application, many deserving entities could not be funded. The physicians recruited by these five entities will also be awarded the Wyoming Healthcare Professional Loan Repayment Program funds if they are eligible. The Wyoming Health Resources Network, Inc. (WHRN) coordinated all applications, worked closely with ORH, and awarded communities enlisted in the program. In 2008, the ORH was able to award funds to five entities (\$80,000 each) totaling \$400,000, to assist in recruiting physicians to medically underserved areas within the state.

#### ***Physician Recruitment Grant Recipients***

Noyes Health Care Center – Baggs  
Crook County Medical Service – Sundance  
Niobrara Health and Life Center – Lusk  
Washakie Medical Center – Worland  
Cedar Hills Family Clinic – Newcastle

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Of the five awards, two were successful in recruiting a physician from out-of-state (a statutory requirement) and were reimbursed funds expended based on receipts and statutory requirements. The remaining three recruitment entities were successful in recruiting healthcare professionals to satisfy their requirements, but did not meet statutory requirements for reimbursement. More information is available at <http://www.whrn.org>.

## Magnet Designation Grant and Small Hospital Improvement Grant

In 2006, the Legislature approved funding to establish the Magnet Designation Grant Program and the Small Hospital Improvement Grant Program. The funding was to assist up to three Wyoming hospitals seeking Magnet Recognition Program designation by providing up to \$250,000 each to meet the criteria developed by the American Nurses Credentialing Center.

### *Magnet Designation Grant Awardees*

Cheyenne Regional Medical Center – Cheyenne

Wyoming Medical Center – Casper

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The Wyoming Office of Rural Health received two applications for the Magnet Designation Grant Program in 2008 and both were awarded the full \$250,000. These hospitals are in the second year of a five year grant. Either hospital that does not achieve Magnet designation at the end of the grant must return half of the grant money, or \$125,000, to the state.

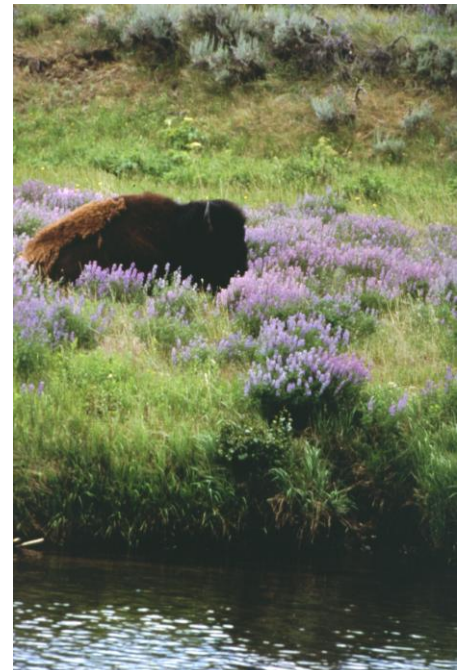
In 2009, the ORH contracted with Cheyenne Regional Medical Center and Wyoming Medical Center to provide funds for the hospitals to obtain technical assistance in their Magnet designation application. ORH has facilitated monthly conference calls with the Magnet leaders in the two hospitals, and presented to Magnet teams in August when staff from both hospitals met in Cheyenne.

Numerous changes resulted from Cheyenne Regional Medical Center's quest for Magnet designation, which include:

- Revision of Shared Governance structure and function
- Revision of career ladder
- Development of a mission, vision, and values understood by all staff
- Professional development: attended annual Magnet conference
- Fostering a culture of respect, honesty, and trust

At Wyoming Medical Center, the grant has allowed the hospital to initiate several programs and initiatives. Key accomplishments in 2009 include:

- Purchase of Netlearning for educational tracking
- Initiation of BSN partnership with the University of Wyoming



- New CNO
- Charting by exception
- Full-Court Press on Nurse Sensitive Indicators
- Shared Governance knowledge and improvements
- Professional development: hosted a summit

In addition, each hospital unit and/or department designed a banner pledging their commitment to the Magnet journey. These are hung in the lobby of the main entrance and are a powerful indicator of how much Wyoming Medical Center values the Magnet journey and benefits associated with Magnet designation.



Additionally, \$200,000 was earmarked to assist small hospitals with fewer than 100 beds to promote quality nursing practices, quality nursing working environments, increased retention of nursing staff, and demonstrated improved outcomes for patients. Each hospital could receive a maximum of \$50,000.

#### ***Small Hospital Improvement Grant Awardees***

Campbell County Memorial Hospital-Gillette  
 North Big Horn Hospital District-Lovell  
 Powell Valley Health Care-Powell  
 Sheridan Memorial Hospital-Sheridan



Examples of objectives from the grant awardees include:

- Increased number of RNs involved in quality activities
- Increased professional development through formal education
- Improved accuracy of data abstraction in an effort to trend nursing specific indicators
- Retention of nursing staff
- Improved outcomes in patient care
- Initiate project of culture on medical/surgical units
- Establish multi-disciplinary patient safety committee



## Federally Funded Programs

The Wyoming Office of Rural Health is the recipient and oversight agency for five federal grants. These grants support the healthcare infrastructure in Wyoming's rural areas, and small hospitals in performance improvement, quality improvement, and adoption of health information technology. These grants are funded through Health Resources and Services Administration (HRSA).

### Medicare Rural Hospital Flexibility Grant Program (Flex)

The Flex Program has been under the Office of Rural Health since the grant program's inception in 1999. The purpose of the Flex Grant is to support Critical Access Hospitals (CAHs) and to integrate emergency medical services with Flex priorities. Fifteen of Wyoming's 27 acute care hospitals are CAHs. The one remaining eligible hospital is in the process of converting to CAH status. Benefits to small hospitals in converting to CAH include:

- Exemption from the Prospective Payment System (PPS);
- Receipt of cost-based Medicare reimbursement for services based on 101 percent of the CAH's reasonable costs;
- Ability to claim capital improvement and equipment costs in the Medicare cost report;
- Eligibility for CAH specific grants and network participation; and
- Flexibility with staffing and hospital programs.

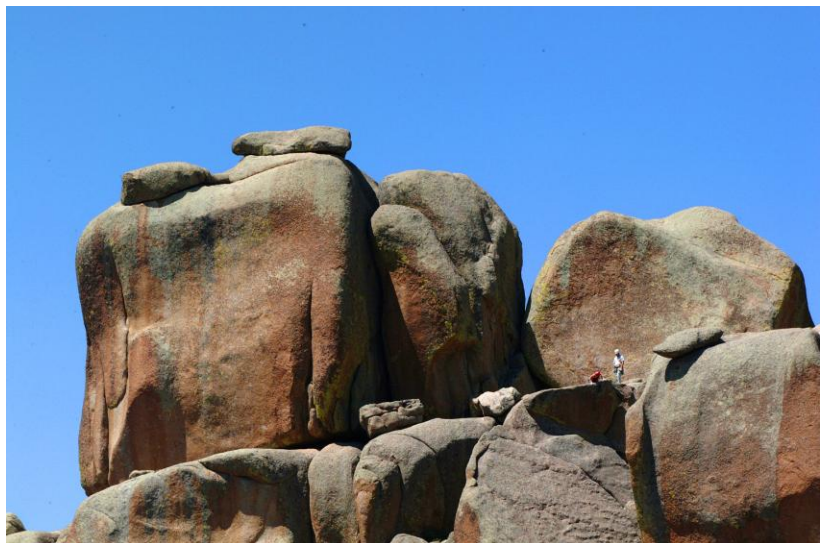
The Flex Grant runs on a September – August fiscal year. Flex projects accomplished during 2009 were:

### Healthcare Quality in Rural America

Wyoming's 15 CAHs are participating in this multi-state quality and performance improvement project along with CAHs in Alaska, Arizona, Kansas, New Mexico, Oklahoma, and Virginia. The collaborative also involves the Wyoming Hospital Association and Mountain-Pacific Health Quality Foundation. The purpose of this collaborative is to help small, rural hospitals ensure their quality and performance improvement systems can meet the demands of today's dynamic healthcare marketplace.

The Office of Rural Health provides access to the Quality Health Indicators (QHi) benchmarking database for all Wyoming Critical Access Hospitals (CAHs). QHi is an on-line component of the Healthcare Quality in Rural America Multi-State Rural Hospital Quality and Performance Improvement Project ([www.qualityhealthindicators.org](http://www.qualityhealthindicators.org)) which is housed at the Kansas Hospital Association. Wyoming's CAHs can input data for eight core measures, as well as choose from a menu of other measures, in order to compare themselves to similar hospitals within Wyoming or with all hospitals participating in QHi. The eight core measures are:

- Days cash on hand
- Days in accounts receivable
- Staff turnover
- Benefits as percent of salary
- Unassisted patient falls
- Pneumonia patients receiving antibiotics within six hours
- Pneumonia patients receiving immunization
- Healthcare acquired infections





Over the past several years, participation and data entry by Wyoming's CAHs has been low; only 6 out of 14 CAHs were regularly reporting data in 2008. This inactivity prompted ORH to provide mini-grants of \$2,000 to all CAHs in Wyoming to promote increased participation and to offset the costs of staff training and time required to input data. Additionally, Keri Wagner, ORH Program Specialist, was named the State Administrator for QHi and provides coaching, follow-up,

and technical assistance. Monthly reminders for data entry were sent to registered users and CAH CEOs. As of December 2009, 10 of 15 CAHs (an additional hospital converted in 2009) were regularly reporting data into the system, while two have declined participation. For the hospitals participating in the project, this is an increase from 43% in 2008 to 67% in 2009.

### Partnering with the Wyoming Hospital Association

The Wyoming Flex program continues to contract with the Wyoming Hospital Association (WHA) to provide support and leadership to the Wyoming Critical Access Hospital Network (WCAHN). Projects led by WHA in 2009 include Nurse Leadership Training, Website Design, and training opportunities.

### Nurse Leadership Training

The ORH contracted with the Wyoming Hospital Association to provide classes via a distance learning platform for up to forty-one individuals in Wyoming Critical Access Hospitals statewide. The platform included all course books delivered to each location, two different training dates for each of the nine modules, and all instruction. The Wyoming Hospitals Distance Communication System served as the distance learning platform. Classes were designed for Wyoming Critical Access Hospital nurses new to leadership roles.

### Website Design

Four CAHs benefited from Flex-funded website redesign. With technology playing a larger role in the healthcare provider's decision of where to practice, the state-of-the-art websites allow these facilities to compete for providers.

## Training Opportunities

Wyoming's 15 CAHs and 16 Rural Health Clinics were invited to participate in a financial workshop on maximizing reimbursement within their facilities. Mike Bell, CPA, Michael R. Bell and Company, PLLC, led the training.

Flex funds paid for WCAHN staff and board members to attend the National Rural Health Association Critical Access Hospital conference, Western Region Flex conference, and the Malcolm Baldrige Quest for Excellence conference.

## Emergency Medical Services Integration

The Flex grant supported local EMS agencies in quality improvement and EMS integration by funding the following:

- Physician medical directors training course
- Regional trauma meetings
- Rural trauma team development classes
- Trauma registry site licenses
- EMT-Intermediate classes
- Speaker for 40th annual Wyoming Trauma Conference



## Small Rural Hospital Improvement Program (SHIP)

Eighteen of Wyoming's acute care hospitals qualify for this federal grant program, which is funded through HRSA. Seventeen of the eighteen eligible hospitals participated in 2009. The program provides funding to small rural hospitals to help them do any or all of the following: (1) assist with costs related to implementation of Medicare's Prospective Payment System (PPS); (2) computer hardware and software; and (3) education and training of hospital staff on computer information systems. To be eligible for this program the hospital must: (1) have 49 available beds or fewer; (2) be located outside a Metropolitan Statistical Area (MSA); and (3) be defined as a non-federal, short-term, general acute care facility. In addition, all designated Critical Access Hospitals are eligible. Hospitals with fewer than 50 beds, located in an area designated by any state law or regulation as a rural area or as a rural hospital are also eligible.

## State Office of Rural Health (SORH) Grant

Also funded through HRSA, the State Office of Rural Health (SORH) grant provides funding to assist states with strengthening rural healthcare delivery systems within the state. SORH activities include:



- Establishing and maintaining a clearinghouse within the state for collecting and disseminating information on rural healthcare issues; research findings relating to rural healthcare; and innovative approaches to the delivery of healthcare in rural areas;
- Coordinating the activities carried out in the state that relate to rural healthcare, including providing coordination for the purpose of avoiding duplication in such activities;
- Identifying federal, state, and non-governmental programs regarding rural health, and providing technical assistance to public and nonprofit private entities regarding participation in such programs;
- Encouraging, but not directly funding, the recruitment and retention of health professionals in rural areas; and
- Participating in strengthening state, local, and federal partnerships in rural health.



In August 2009, Wyoming hosted the State Office of Rural Health Region E meeting in Laramie. SORH staff from 10 states converged to share best practices and learn from each other. Wyoming experts led several sessions, including a welcome given by Dr. Brent Sherard, Wyoming Department of Health Director and State Health Officer, the Wyoming Nurse Leadership Training, Natrona County Community Assessment process and outcomes, and the Wyoming Telestroke Project.

### Primary Care Office (PCO)

The PCO works with HRSA's Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Shortage Designation Branch to coordinate federal programs with eligible programs in Wyoming. The PCO works to foster collaboration, provide technical assistance, assess needs, develop workforce for National Health Service Corps (NHSC) and safety net programs, coordinate Healthcare Provider Shortage Area (HPSA) designation requests and oversight. This includes Conrad 30, J-1 Visa Waiver program and similar programs, and the NHSC programs for provider recruitment and placement (scholars and loan repayment).

Primarily, the PCO coordinates and submits geographic, low income, and facility Healthcare Provider Shortage Area designation requests to identify areas of Wyoming eligible for participation in various programs. These programs include the Conrad 30, J-1 Visa Waiver program (through the U.S. Department of State), NHSC programs for provider recruitment and placement (scholars and loan repayment), and other federal programs that utilize HPSA designation as a qualifying determinant. The PCO also provides technical assistance for healthcare professionals and employers wanting to participate in these programs.

During 2009, the PCO evaluated 16 areas or facilities for HPSA status and eight were approved; eight did not qualify.

### List of 2009 Submitted HPSA/MUA/MUP Requests

Kind of Designation	Location	Type	Submitted or Analyzed	Designated **
Primary Care	CTs* 9711 & 9712 Rock Springs	MUA	Feb. 09	Aug. 09
Primary Care	Niobrara County	MUA	May 09	Sept. 09
Primary Care	Uinta County	MUA/MUP	Mar. 09	Not Qualified
Primary Care	Campbell County	MUA/MUP	Apr. 09	Not Qualified
Primary Care	Carbon County	MUA/MUP	May 09	Not Qualified
Primary Care	State Penitentiary (men, Rawlins)	Facility HPSA	Jan. 09	Not Qualified
Primary Care	***Sweetwater County	Geographic HPSA	Dec. 08	Feb. 09
Primary Care	Eastern Uinta County (new)	Geographic HPSA	Nov. 08	Jan. 09
Primary Care	***Meeteetse CCD	Geographic HPSA	Mar. 09	May 09
Primary Care	***Cheyenne (CTs 2, 3, 4.01, 4.02)	Geographic HPSA	Apr. 09	Aug. 09
Primary Care	***Platte Co.	Geographic HPSA	Nov. 09	Not Qualified
Primary Care	NE Platte Co. (new)	Geographic HPSA	Dec. 09	Pending
Mental Health	State Penitentiary (men, Rawlins)	Facility HPSA	Oct. 09	Not Qualified
Dental Health	***Hot Springs County	Low-income HPSA	Jan. 09	Mar. 09
Dental Health	***Lincoln County	Low-income HPSA	Sept. 08	Feb. 09
Dental Health	***Crook County	HPSA	Jul. 09	Not Qualified

\*CTs stands for Census Tracts

\*\* HRSA approves or disapproves designations

\*\*\*Renewal

HPSAs must be renewed every fourth year. Primary Care Renewals for 2009: South Cheyenne, Meeteetse, Sweetwater County, and Platte County. Dental renewals for 2009 include: Hot Springs, Lincoln, and Crook counties. There are five HPSA renewals required for 2010 and approximately 40 each for the following two years. A list of all 95 HPSAs in Wyoming is available at: <http://hpsafind.hrsa.gov/HPSASearch.aspx>. This list can be sorted by state, county, and health profession (primary care, dental, mental health).

The PCO coordinates with the Wyoming Primary Care Association, groups, and interested individuals to provide a healthcare safety net in Wyoming. This includes Federally Qualified Health Centers, Community Health Centers, Migrant Health Centers, and Healthcare for the Homeless Clinics, Rural Health Clinics, Free Clinics, and other healthcare safety net access clinics.



Two major events occurred in 2009 to improve access to care for Wyoming residents across Wyoming.

First, the Governor requested a HPSA designation for Wyoming that was approved by HRSA. This action affects primary care clinics in seven new areas of Wyoming (three full counties and four partial counties), increasing the number of Wyoming residents eligible for care at a Rural Health Clinic by an estimated 185,000. Combined with the number of residents already eligible for care in a Rural Health Clinic (12 full counties and 6 partial counties), the resident total approaches 350,000. The criteria for the Governor's HPSA are: Service areas with a population-to-physician ratio of at least 1500:1 and at least one of the following high need indicators:

- Population density of fewer than 10 persons per square mile;
- 25% or higher population below 200% Federal Poverty Level (FPL); or
- 15% of population age 65 or older

Maps of Wyoming's HPSAs are available at:  
<http://www.health.wyo.gov/rfhd/rural/HPSA.html>

Secondly, additional funding was provided to the PCO grant through American Recovery and Reinvestment Act (ARRA) of 2009 funding. This funding is used to enhance awareness of the NHSC, LRP, and Scholar programs and will be distributed over a three year period. To



accomplish the stated goals of the additional funding, the PCO must: 1) develop and disseminate an informational brochure; 2) contract with Western Management Services, LLC, to provide basic NHSC information to clinic personnel contacted for HPSA evaluations; and 3) contract with WHRN to provide basic NHSC information during their site visits and telephone contacts around the state.

Additionally, Western Management Services, LLC, will perform a census of primary care, dental, and mental health professionals practicing in Wyoming, and identify their practice location by census tract. The primary care census will be accomplished the first year, mental health the second, and dental will be completed during the final year of funding. This census will provide solid data for the PCO to use to replace the Wyoming

Healthcare Commission's surveys and subsequent reports. The PCO will determine if it is in Wyoming's best interest to change HPSA designation areas, or to remain unchanged. Changing areas may increase scores allowing greater participation in federal programs for some, while perhaps providing less participation for others.

The promotion of more NHSC awareness resulted in \$200,000,000 devoted to the NHSC Loan Repayment Program (LRP) as part of ARRA, creating nearly 4,000 additional NHSC LRP awards. Wyoming traditionally did not have HPSA designation scores high enough to participate in NHSC programs. However, the new funding allows all areas to be eligible. To be eligible each practice site must have an approved application on file with HRSA and each healthcare professional applicant must identify practice sites on their application. Working with Western Management Services, LLC and WHRN, the PCO maximized awareness in Wyoming and increased the number of approved sites by 23 during 2009 (10 sites added in 2008).

## Special Projects

### Governor's Designation Impact Analysis

In 2009, Wyoming's Governor indicated he would consider lowering the population to primary care provider ratio for the purpose of establishing Rural Health Clinics, and requested the Office of Rural Health (ORH) to examine the impact of making the change.



Subsequently, the ORH initiated an assessment to examine the impact of changing the ratio to either 2,000 to 1 or 1,500 to 1. The assessment attempted to answer the following questions:

- (1) How many additional counties/areas would become eligible for the Rural Health Clinics program if the ratio were changed?
- (2) How many medical facilities in these counties/areas would actually want to become an RHC?
- (3) What would be the likely impact on Medicaid costs?
- (4) What would be the likely impact on access to care?

A 31 page report was completed and delivered to the Governor in November 2008, resulting in the Governor's Designation request to HRSA. The designation was approved by HRSA in March 2009.

### Health Professions Tracking Database

The Office of Rural Health used the Wyoming Healthcare Commission's (WHCC) Healthcare Database in the execution of the Wyoming Health Professions Loan Repayment Program and the Physician Recruitment Grant Program. The database was instrumental in determining greatest need areas for healthcare providers. [Note: The WHCC sunsetted in April 2009.]

### Partner Agencies

The ORH depends on many internal and external partners for the development, implementation, and evaluation of its programs. Below is a list of Wyoming agencies the ORH collaborates with on a regular basis:

- Wyoming Medical Society; (307) 635-2424; [www.wyomed.org](http://www.wyomed.org)
- Wyoming Hospital Association; (307) 632-9344; [www.wyohospitals.com](http://www.wyohospitals.com)
- Wyoming Critical Access Hospital Network; (307) 632-9345; [www.wcahn.org](http://www.wcahn.org)
- Wyoming Health Resources Network; (307) 635-2930; [www.whrn.org](http://www.whrn.org)
- [www.wyominghealthcarecommission.org](http://www.wyominghealthcarecommission.org)
- Wyoming Primary Care Association; (307) 632-5743; [www.wypca.org](http://www.wypca.org)
- University of Wyoming Survey and Analysis Center; (307) 766-2189; [www.uwyo.edu/wysac](http://www.uwyo.edu/wysac)
- Mountain-Pacific Quality Health (Wyoming's QIO); (307) 436-8733; [www.mpqhf.org](http://www.mpqhf.org)



## Office of Rural Health Publications

Wyoming Health Professional Underserved Area Report, November 2009

<http://www.health.wyo.gov/Media.aspx?mediaId=8434>

Primary Care Provider Workforce Report, June 2009

<http://www.health.wyo.gov/Media.aspx?mediaId=7186>

2008 Flex Evaluation

<http://www.health.wyo.gov/Media.aspx?mediaId=6231>

*Photos courtesy of  
Wyoming Travel and Tourism*

Rick Carpenter pages 3 and 22  
Egret Communications pages 19, 21, and 25  
Fred Pflughoft pages 1, 12, 18, and 23  
Riccardo Seragnoli page 27  
Steve G. Smith page 28  
The Wagner Perspective pages 7 and 10  
Wyoming Travel and Tourism page 24

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# Wyoming Department of Health

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**Commit to your health.**

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